THE

MEDICAL AND SURGICAL REPORTER.

No. 1239.] PHILADELPHIA, NOVEMBER 27, 1880. [Vol. XLIII.—No. 22.

Original Department.

Lecture.

THE SUCTION OPERATION FOR CATARACT.

BY R. J. LEVIS, M.D.

REPORTED BY GEO. F. SOUWERS, M.D.

Gentlemen:—I present for your consideration, this morning, the case of A. B., aged about nineteen years, who is, as you see, perfectly blind. She tells us that this trouble did not come on suddenly, but that she noticed for some time a gradual impairment of vision, seeing best not in a bright light, but when the light was somewhat subdued, as at twilight. From the history of the case, and the age of the patient, I can almost assert, without an examination, that she has soft cataract in both eyes. Upon making an examination, I find that in one eye the pupillary space presents a bluish-white appearance, the almost infallible sign of soft cataract; the other eye is rather more opaque in appearance, the result of some operation that has at some time been performed for her relief, but evidently without success. On further examination I discover that in the right eye she has a capsulo-lenticular cataract, while in the left it is simply lenticular in character. I have said before that this was a soft cataract, and you can readily assume that almost any case of cataract occurring before the fortieth or fiftieth year can be classed under this head, for up to this age the lens is itself soft, and has no tendency to become indurated; the difference between the two prominent varieties of cataract may be said to be rather physical than pathological. After the fiftieth year the lens naturally becomes more or less hard, and then we find, of course, that hard cataract is the almost invariable rule. There is another peculiarity distinguishing the two varieties of the disease: the soft cataract is almost always congenital, and in character is nuclear; on the other hand, the hard variety is never congenital, and the opacity is propagated in ray-like lines that mark the original divisions of the lens. We make further subdivisions of cataract also: thus, where the lens alone is affected it receives the name of lenticular cataract; if the capsule of the lens is alone involved it is known as capsular cataract; when the two forms amalgamate we have capsulo-lenticular cataract.

The question now presents itself; what shall be done, if anything, to relieve the patient? As a working rule, operations for the relief of this trouble are not performed so long as the patient is able to have any vision at all; when, however, complete blindness has taken place, the time has arrived for procedure. In the case before you, that time has now arrived, and I propose to remove, by operation, the opaque lens from one eye and all that remains of the lens in the other. To accomplish this, I have two methods of procedure to choose between, one known as the needle operation, in which the capsule of the lens is lacerated by the cataract needle, and the removal of the body of the lens accomplished by absorption by the aqueous humor, and another procedure known as the suction operation. This last, I think, is the preferable form; it is more reliable, and considerably less time is consumed in accomplishing a cure.

I hold in my hand an apparatus that has been constructed for this operation; it consists of a piece of rubber tubing about a foot long. To one

end of this is attached a flattened glass mouth-piece. To the other, a piece of glass tubing about four inches in length, terminating in a blunt-pointed silver extremity about an inch in length, this extremity being fenestrated just above its termination. By means of the point of a Beere's knife an incision is made in the cornea just large enough to permit the introduction of the metal tip; at the same time the knife is allowed to make a small incision in the anterior capsule, which may, if necessary, be afterwards somewhat enlarged by means of the cataract needle. A few drops of the aqueous humor immediately exude from the incision, but this does no harm, as it rapidly reforms. The metal point is now inserted into the lens and suction made by means of the mouth, when the cataractous material finds its way up into the glass tube before spoken of. The eye is now dressed by means of the common rubber adhesive plaster, cut in sections to fit the upper eyelids, and these are allowed to remain on for five or six days; they simply act as supports to the lids till the corneal incisions have healed up, a few drops of a two-grain solution of atropia being placed in the eyes before the lids are closed. In order to supply the place of the lens thus removed, the patient is directed to wear, for distant vision, glasses of four and a half inches focal length, and thus she is given, for all practical purposes, a perfectly normal eye.

Communications.

THE PROPER PUTTING TO BED PROPHYLACTIC AGAINST PUERPERAL DISEASES.

BY E. T. BLACKWELL, M.D.,
Of Hackettstown, N. J.

The people among whom I commenced the practice of my profession had, upon the occasion of a birth of a child, many methods very different from those inculcated by our medical teachers. The parturient was dressed for lying-in. Her bed was faultlessly made; but empty. She was often surrounded by women, who attended as "a frolic;" who, when the crisis came, seldom had arranged to prevent the soiling of her clothing, or to have anything in readiness. The first, and a greater part of the second stage was frequently occupied in ceaseless pacing of the chamber, under the idea that labor was promoted thereby; while "the working-stage" was passed in the kneeling posture. The position, besides being very awkward and irksome to the practitioner, left the patient, at the end of a protracted labor, nearly worn out, and drippingly filthy; it being nearly impossible to prevent soiling of the under-clothing. At the conclusion of the process, the mother was thought to be too weak to have her garments changed; and therefore she was often placed in bed, wet with perspiration, and soiled by other discharges. Prejudices so rooted could not be dislodged at once; and it was only in the face of appalling dangers that I was able to exert an influence sufficient to break down the ill-starred custom.

In the beginning of the year 1853 a series of desperate cases, three in number, and all fatal, led me most thoroughly to reform the whole lying-in arrangements; to discourage the attendance of an unnecessary number of women; to have the parturient placed in bed, in a mode favorable to cleanliness; and to see to it personally, at the conclusion of the labor, that she was free of moisture; that her bandage secured contraction of the abdomen and uterus; and that her clothing was dry and warm.

The following cases are illustrative:—

Case No. 52. Mrs. H. was delivered by me, December 22d, 1852. I do not remember the condition of her putting to bed. At my visit, on the fourth day thereafter, I was told she was unable to sleep, for which a suitable remedy was given. December 27th I was called at three o'clock in the morning, finding the patient in a fever, for which a potash mixture and Dover's powder were employed. On the following day violent mania ensued, for which, being the first physician to arrive, I practiced venesection, relieving for the time this terrible symptom. Twelve grains of quinia sulphate, and two grains of morphia sulphate were left, to be given in appropriate doses. She was free of the mania for some hours, obtaining some sleep; but the delirium returned, provoked, as I was led to fear, by the injudicious loquacity and questioning of her well-meaning friends. All treatment henceforth was unavailing; death occurred on the fifth day.

Case 54. Mrs. J. B. called me at the end of her period of gestation, December 30th, 1852, to attend her for a severe cold and fever. She fell in labor the day following, and as the process with her was always a most rapid one, the labor was completed, and she was placed in bed before my arrival. A peritoneal fever followed almost immediately, in which quinia, morphia and other appropriate remedies were used. My friend Dr. McLenahan came to my assistance on January 7th. On the 11th she died.

Case 56. Mrs. L. M. was taken suddenly in

labor, January 6th, 1853. She had chosen a remote and unfrequented part of the dwelling for her lying-in. When I arrived a fire just kindled upon the hearth failed to influence the intense coldness of the air. The liquor amnii, just discharged, drenched the bedding and dress of the patient. I do not know what was done to obviate the wetness; but the coldness of the air rendered it impossible to place her in a perfectly good condition. On January 10th I was called to attend her for fever, prescribing calomel, potash mixture and morphia. On the next day she had twenty-four grains quinine, with calisaya extract. On January 14th the consultant in the former case was called, the treatment being continued as before. On the 15th a plaster of cantharides was applied to the abdominal surface, the medicines, with supporting treatment, being continued. Death took place January 18th.

Case 135. Mrs. H. M. was delivered in my absence, on April 7th, 1856. On the day following, peritoneal inflammation being set up, blood was taken from the arm, a blister was applied to the whole abdomen, and suitable anodynes and diaphoretics were given. Antimony was added on the 11th, for which quinia sulphate, ten grains per diem, was substituted, on the 12th. On the 13th calomel was added. April 24th a consultation was had, and the treatment, variously modified to meet changing indications in the bowels, the nervous system, the organs of lactation, and the system at large, was continued. On May 8th and 20th, respectively, an abscess of the mamma was opened, and on May 31st, after an illness protracted to between seven and eight weeks, recovery occurred.

Since the experiences recorded above I have had considerable obstetric practice, with the most satisfactory results. Having given the strictest attention to cleanliness, leaving my patient always dry and warm, and remaining long enough to be secure against the occurrence of hemorrhage, a case of mastitis has rarely occurred; and though there have been occasional cases of peritonitis, there has not been a fatal one since Case 56, January, 1853. The treatment has not differed essentially from that employed in the first cases, except it might be in its increased promptitude, and in greater diligence in detecting early signs of illness. The early use of blisters has seemed to exert a controlling influence; while the other remedies, employed without delay, have given satisfaction. The important point is to extinguish the malady in its incipiency, before a foothold is obtained from which it cannot be dislodged.

Whether the element of contagion should be taken into account, in Case 56, might be worth considering, were it not that the circumstances surrounding that case sufficiently account for its occurrence. While we cannot too carefully guard against this method of disseminating this formidable disorder, I am sure we shall estop the development of many a germ of disease by securing the utmost cleanliness, not alone in our persons, but in the parturient, her clothing, her bed, her chamber, and all her surroundings. Under favorable circumstances, the practitioner being present to enforce proper sanitary regulations, fever or abscess after labor should never occur.

THE "THERAPEUTIC BOOM" AND UNSCIENTIFIC ADVERTISING.

BY F. E. STEWART, PH.G., M.D.,
Of New York City.

I speak in the name of scientific medicine. The other evening I was introduced, by Professor W. H. Pancoast, of Philadelphia, to the Philadelphia County Medical Society, as the originator of the preparation known as desiccated blood. In a subsequent discussion brought about by this fact the following point was developed: To protect the medical profession, it is proposed to discountenance the employment of any new remedy until it is introduced into the Pharmacopœia. Such an introduction can be effected but once in ten years, at which time the Pharmacopœia is revised. I have introduced a new remedy. It has been carefully tested clinically in a number of hospitals, both in New York and Philadelphia, with favorable reports. And now, by the above proposition, its use is to be discouraged until it is admitted to the Pharmacopœia, ten years hence. Against this I most strongly protest.

Now, I do not blame the profession for protecting their interests in every respect, but I question whether the position assumed in this matter be a protection On the contrary, I believe an attempt to carry it out practically can but act prejudicially to the true interests of scientific medicine.

But it is said there are enough drugs already in the Pharmacopœia, and we do not need any additions to the materia medica. It can hardly be argued that the Pharmacopœia is so perfect that it cannot be added to or taken from. Surely, there are drugs in it of such doubtful therapeutic value that they might as well be left out; but are there no new drugs that are

of sufficient value to more properly take their place? If the Pharmacopœia be so perfect, what is the use of revising it every ten years; why revise it at all. Does not the very fact of revision recognize that there is such a thing in science as progress?

But it is said that the "therapeutic boom" is derogatory to any true progress, and should, therefore, be discouraged. That therapeutics is away behind the other branches of scientific medicine and yet in its infancy. The fact that therapeutics is so far behind, would seem to be an argument that it needed "booming," or some other strong stimulant to move it ahead. Not to use any new remedy unless it is in the Pharmacopœia, and to discourage all original investigation for the purpose of discovering new drugs and their action, can hardly help the matter any.

How was it first discovered that any drugs were fit to go into the Pharmacopœia? Have they always been there? Is it not a fact that some of the very best drugs are from the most unscientific sources? Because a drug is used by a quack, an Indian medicine man, or an old woman, is no proof that it is devoid of virtue. By carefully testing drugs in a scientific manner only can their true value be ascertained, and when it is the universal belief by all the old women that certain herbs possess certain virtues, we are just as much justified in trying them, to see if this belief is founded on fact, as were our grandfathers, who collected the best of them to make a Pharmacopœia.

But it is not to discourage original investigation that this stand has been taken upon the part of a certain section of the profession, though that be one of the results. The true reason is for the correction of an abuse. The abuse which these gentlemen wish to correct by it is unscientific advertising. They have become alarmed by the vast amount of misleading advertisements which disgrace the fly-leaves of our medical journals. They see the evil rapidly growing, and propose to stop it. The very fact of the rapid increase of this kind of advertising, and of its misleading character, is abundant proof to them that a great many physicians are being misled by it. It therefore becomes a serious matter, demanding correction. For this reason, then, they discourage the use of all new remedies until they are officially recognized by the United States or other Pharmacopœia.

Now, I do not dispute that the object which is thus aimed at is to be greatly desired, or that by accomplishing it scientific medicine will be benefited thereby, but I do not think the method chosen is a good one. Advertising is legitimate, as long as it tells the truth, the whole truth, and nothing but the truth. It is only when it is misleading that it should be discountenanced. Now, if the profession should take a stand to stop all advertising, and shut down on the use of a single remedy advertised, what would be the result? The result would be this: All the business of a large number of great business houses would come to a stand-still. That is just what the advocates of the new idea under discussion desire. But do they suppose for a moment that all the capital invested, all the stock on hand, all the enterprise and push, all the executive ability and knowledge of methods of creating a demand for goods, would lie idle? What would become of it? Let us see. There is sold in the United States millions of dollars' worth of so-called patent medicines yearly. They are not patented, as a rule, however. The way their sale is controlled, is by notoriety. By this I mean, that though the formula for Helmbold's Buchu is not patented, and never has been, and though that formula is not secret, and is now in my possession, I cannot, nor can any one else, put Helmbold's Buchu on the market for sale. And why! First, because, the law recognizes that it would be a fraud to use Helmbold's name. It would be a fraud upon the public, because its sale is effected from the fact that Helmbold is supposed to make it. Helmbold is held responsible by the people for his article. Helmbold's reputation is at stake, and Helmbold's name controls its sale. But it may be urged that my illustration is insufficient, in that it only applies to patent medicines; that the name in such instances becomes a trade mark, and is protected under trade-mark laws. But name and reputation control the sale of other remedies than patent medicines. It would not be a well-advised move for any other manufacturing pharmacists to put upon the market a preparation of ergot or ether, and call it Squibb's, though the formula for both Squibb's fld. ext. of ergot and for the manufacture of the ether are official in the Pharmacopœia. The great control, then, of the sale of all remedies is not in secret formulæ or in patents, but in the name. This is a recognized fact in all trade, be it patent medicines or legitimate pharmaceutical preparations. This is not to be decried, but on the contrary, encouraged, provided, however, it be a control which is gained entirely on merit. Furthermore, so true is the principle here asserted, that the same article,

only under a different name, could never be regarded by the consumer as in every respect similar. To use an illustration: Ayer's pills under any other name, though guaranteed to be the same by Ayer himself, would never have the sale belonging to the old preparation. A certain gentleman doing a large business in a tooth tablet of his invention once changed his paper box for a tin one, to preserve the contents on ocean voyages, and had a large part of the stock returned upon him as unsaleable, in consequence of the suspicion excited among the public. A rose, then, by any other name, will not smell as sweet. It has been asked, what's in a name? I answer, there is a good deal more in a name than the profession ever dreamed of. Take the two names, lactopeptine and peptoine pills, for example, or any other name coined to represent an article, as cincho-quinine, dextro-quinine, etc., if you please. The formulæ of preparations of this class purport to be published on the labels. Be that the working formula or no, the sale of the article is controlled by the name. Some of the names for articles of this description are patented at Washington. And it is rare, in any case, for any one to be so presumptious as to put out a preparation, though manufactured by the same formula, for competition. A great deal of money is spent in advertising those names, and trade-mark names become very valuable assets.

Now, in this matter of trade-mark names, it seems to me that the trade have got a little ahead of the medical profession in sharpness. I am not arguing here the legitimacy of prescribing them or of prescribing patent medicines. If a standard quality is maintained in the preparation, under the trade mark, it may be a protection to the prescriber. But it does occur to me that there is an absurdity somewhere. If Helmbold's Buchu, Ayer's Pills and Jayne's Vermifuge, are patent medicines, because their sale is controlled by a trade mark, is not every other remedy controlled by a trade mark a patent medicine? And if the profession prescribe remedies whose sale is controlled by a trade-mark name or label, are they not prescribing patent medicines? It is useless to argue about one being a secret and the other a published formula. The formulæ are not patented; it is the name which is patented. It makes no difference whether the formulæ are published or not, the patent, in either case, controls their sale and prevents competition, any representation that it is the name and reputation of the house, and not the name of the article, to the contrary, notwithstanding.

If all remedies whose sale is controlled by a trade mark be patent medicines, then are a great many drug concerns in the patent medicine business. The only difference between one class of patent medicines and the other is in the fact that the former are advertised to the people and the formulæ are not put on the labels, the latter are advertised to the medical profession, and the formulæ appear on the labels; but in either case their sale is controlled by a trade mark.

Now to my point. It is in answer to the question, what will become of the capital and ability invested in pushing remedies now advertised to the medical profession in the journals, if that advertising be stopped, or the use of those remedies discouraged? Don't you see the door wide open in the easy convertibility of one form of the same energy into the other? How easy to transfer the advertising from the medical journals to the secular press, the demand among the doctors to a demand among the people. And is not this transition already going on? Look in the daily papers and see. Behold, also, that the demand is made by the argument that the use of these remedies is sanctioned by the medical profession. You have heard of the boomerang—their use is sanctioned by the profession, and it has come back on them.

It is not the "therapeutic boom" that is derogatory to true progress in scientific medicine, though steady work is to be preferred to "booming," but it is unscientific, misleading advertising. Drug houses present remedies to the medical profession unsupported by sufficient scientific information. They control their sale by trade marks, and have everything their own way, in consequence. About the only scientific information ever presented is the insufficient statements of chemists. Because a compound has a certain chemical constitution, and therefore, theoretically, ought to produce certain effects, is no proof that it will produce such effects, when given in disease. Theory is of very little consequence except to account for positive facts. Facts are what we want in treating the sick; and the reason why a drug will produce certain effects will do to talk about after it has been proved to be able to produce those effects. Then, again, every means is taken to prevent competition by rival houses, and the profession will not report failures, lest they injure their practice thereby; so the truth is never known. There is no objection to a manufacturer saying to the profession that his goods are better than any other man's make, by proving it. Competition in quality is honorable. Competition in enterprise in securing new drugs, preparation, or

methods of manufacture, is to be commended. When the happy day dawns, of legitimate competition, then there will be no more mourning over poor drugs and the abuse of pharmacy.

And now, how do I propose to correct these abuses? By setting a good example myself, and urging others to follow it. This I have endeavored to do in the matter of desiccated blood, and by the help of the profession I hope it will be corrective in its tendency.

In the first place, then, desiccated blood is not controlled, either in manufacture or sale, by trade mark, trade-mark name, or patent, but appears simply under its scientific Latin name, "Sanguis Bovinus Exsiccatus." In the second place, there is no secret whatever in its manufacture; anybody, by selecting a first-class steer and sticking him over the heart, so that he may bleed to death, and not die of apnœa, can obtain the same blood used by Dr. Craven, at the Jersey City Stock Yards, taken from the choice picked steers for European exportation. By stirring this blood with sticks, and removing the small amount of adhering fibrin, it can be preventing from clotting. If, now, it be dried at a temperature of 110° F. and quick enough to prevent decomposition, a product equal in every respect to that made for me at the Central Stock Yards and Transit Company, of Jersey City, can be secured. In the third place, I have never allowed an advertisement to appear on the subject of Sanguis Bovinus Exsiccatus which did not contain the truth, the whole truth, and nothing but the truth, as far as it was possible at the time to obtain it. In the fourth place, knowing that the publication of only one side of the question, must, of necessity, be misleading, I devised a plan of presenting it to the hospitals all over the United States, to be followed by their official reports, founded on thorough scientific tests. In the fifth place, defibrinated blood had been used in more than 100 cases, and good results obtained, before a single advertisement appeared, or I felt justified in presenting it publicly to the profession. In the sixth place, I placed the sale of this article, as prepared by Dr. Craven, in the hands of a house who have backed me in my position in every particular. And furthermore, if Dr. Craven has contracted to furnish blood prepared by him to no other house, it is but to protect his own reputation and the quality of the article; he cannot control the sale, except on quality; all of which is perfectly legitimate. And in the seventh place, as quality can only be obtained by care and skill, when any other house can present to the profession Sanguis Bovinus Exsiccatus prepared with as much care and skill as exercised by Dr. Craven, and handle it with as much enterprise and ability as Messrs. Parke, Davis & Co., of Detroit, I will with pleasure commend their enterprise.

Finally, then, I respectfully request the profession not to wait until a new remedy becomes official in the U. S. P. before using it, but to thoroughly test all such remedies carefully, in numerous cases, in the hospitals and dispensaries, so that when they are presented for acceptance to the Pharmacopœia committee, at the next revision, there may be furnished concurrently, with every new drug, reliable information concerning it.

Hospital Reports.

ST. MARY'S HOSPITAL—EYE DEPARTMENT.

CLINIC OF H. AUGUSTUS WILSON, M. D.

Reported for the Medical and Surgical Reporter.

Catarrhal Conjunctivitis.

The first case for our consideration is that of Ellen K., aged 22, who comes here complaining of smarting and itching of the eyes, with lachrymation and photophobia, attributing her trouble to a cold. This is the usual history of such cases, for it seems to be instinctive to associate cause and effect; having an effect, patients try to find the cause, and "caught cold" will usually be found sufficient to satisfy most people, no matter what the disease.

In mild cases there is simple hyperæmia, the vessels being only slightly increased in size, and comparatively few in number, but tortuous and arborescent. There is generally a moderate amount of pain, together with lachrymation and intolerance of light, with a slight discharge of mucus. It is, however, only in the more severe cases that any room for difficulty in diagnosis occurs. The case before us has progressed rather further than this, but is still not one of what is known as trachoma, or chronic granular ophthalmia.

Before everting the lids I will call your attention to the increased number and tortuous condition of the blood-vessels of the skin of the upper lid; this indicates an inflammatory condition of the palpebral mucous membrane, and that that condition does exist I will now show you by everting the upper lid, and we see, in addition to the intensely injected condition of the whole conjunctiva, palpebral and ocular, a velvety appearance, particularly marked in the upper lid, which is due to the enlargement of the closely set mucous papillæ of the conjunctiva. These are what have been termed catarrhal granulations, and the case furnishes a beautiful type of this form of disease. These granulations assume varying degrees of hardness, depending upon the amount and character of

the inflammation. In the case before us they have assumed a sufficient degree of hardness to act as a constant irritant to the surface of the cornea, with which they come in contact, and as a result it presents the condition known as leucoma. That the haziness and opacity seen in the cornea are due to this cause is shown by its limitation to the upper segment of the cornea, the only part with which the granulations come in contact.

The first indication for treatment in this case is to subdue the general inflammatory condition to such a degree as to allow of the use of means directed to the removal of the granulations themselves. To this end we shall order her to bathe her eyes frequently in *hot* water, after which she is to apply an ointment composed of two grains of the yellow oxide of mercury to one drachm of vaseline. At our next clinic we shall expect to find this inflammation so far under control as to admit of the application of a mild astringent, such as ten grains of tannin to one ounce of glycerine, and in the course of a few weeks of this treatment, faithfully followed up, we shall hope to present her before you with a clean conjunctiva and transparent cornea.

Keep in mind, however, that any slight indiscretion on the part of the patient, such as exposure to cold, etc., may result in a backset which will prolong the case for months. Of course, we must direct that the best hygienic conditions possible to one in her walk of life be observed, as lack of proper care in this respect is a very fruitful cause of the disease.

Chronic Granulations from the Virus of Purulent Ophthalmia.

Mrs. A. C. complains of pain in the eyes, which she states has existed for two weeks, of increased lachrymation, and a somewhat purulent discharge.

Having now received her own account, we will proceed to examine the case for ourselves. In making an examination, it is an excellent plan to pursue much the same method for the eye as we would employ for other parts of the body.

The outer surface of the lids should first engage our attention; their edges, as to position, cleanliness, the state of the follicles and curvature of the lashes should all be carefully noted; also the position of the puncta with reference to the surface of the ball, and whether pressure will cause an oozing out of a secretion from them.

The lower lid may be everted by pressing the integument downward on the cheek, and at the same time directing the patient to roll the eye up. This brings the conjunctiva clearly into view.

The eversion of the upper lid is accomplished by directing the patient to look downward, pressing the integument of the lid well against the orbital bone with the right fore-finger, to cause the lashes to turn well out, then grasping its central lashes lightly between the thumb and fore-finger of the left hand, I fold the tarsal cartilage upward over a probe or pencil held at its upper margin in my right; or you may use your thumb nail, as you see me do now. In this manner you should proceed, carefully examining every part as you come to it. But we have seen enough to occupy our attention for a time, and without going on to make a minute examination of the deeper structures, refraction, etc., we will discuss what we have seen.

On the outside we find nothing of note but this little tumor, which is situated beneath the skin a little to the nasal side of the centre of the right upper lid, and about three lines from its margin. It is as large as a medium sized shot, and the integument moves freely over it.

On everting the lid it shows itself as a very slight prominence on the under surface, and, no doubt, it aggravates the already inflamed condition of the palpebral conjunctiva by its pressure.

This is what is known as a chalazion, and is developed from what in common parlance is called a stye; being a blocking up of one of the meibomian follicles. The secretion, not being able to escape, accumulates, and the condition before you is the result.

Its proper treatment would be to incise and turn out the contents irritating its interior, so as to cause absorption; taking care to make the incision in the direction of the folds and creases of the integument, and if possible, *in* one of the creases, so as to conceal the scar.

The incision is sometimes made on the under surface of the lid, and a scar on the integument is thus entirely avoided; but, when you consider that this is done at the risk of leaving a cicatrix which may erode and cause an opacity of the cornea, you will agree with me that the former plan is the more desirable.

But this chalazion is not the cause of complaint with our patient, and as she declines an operation at present we will confine ourselves to the true source of her trouble. This we find to be an inflammation caused by a virus, and which has developed the granular bodies to be observed on both the upper and lower palpebral conjunctivæ.

An inflammation similar at first to what you saw in the last case has gone on to the granular stage, and embedded among the red, swollen papillæ of the conjunctival membrane we find small white bodies, most abundant on the upper lid, which appear white and opalescent, and about the size of small pin-heads. These have been called the "sago" granulations, and constitute a disease which is much slower in yielding to treatment than the ordinary catarrhal form seen in the last patient.

The first patient before us could trace her trouble to nothing but a cold, while here we have a distinct history of its having been derived from a purulent ophthalmia in the patient's little boy. The case is quite chronic, and demands a different course of treatment than the former one. The object is not, as many seem to think, the removal of the granulations in mass; hence we do not use such applications as will act to destroy them, but such as will stimulate their absorption. After the use for a few days of an astringent lotion of alum, to diminish the blood supply of the part, we shall begin our active treatment by scarifying the lower lids and applying a solution of tannin, ten grains to the ounce of glycerine, to the upper lids. This treatment must be repeated on each visit, three times a week. In addition to this, we shall apply an ointment composed of

two grains of the yellow oxide of mercury to the ounce of vaseline, whenever the exudation is sufficient to cause the lids to adhere in the mornings.

The question may occur to some of you, why not scarify the upper as well as the lower lids? Many eye surgeons do so; and the immediate effect on the granulations is better than by simple astringent applications; but rough cicatrices are sometimes formed by the healing of the wounds thus made, which serve as constant irritants to the surface of the cornea; and rather than run this risk I consider it far preferable to use applications which, though somewhat slower in their operation, are so much more satisfactory in the end.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF JOHN ASHHURST, JR., M. D.

Professor of Clinical Surgery in the University of Pennsylvania.

Reported by WM. H. MORRISON, M. D.

Excision of the Knee Joint for Gelatinous Arthritis.

GENTLEMEN—The first case I shall show you to day is one of disease of the knee joint, in a little girl six years old. She has been suffering from this affection for four years. I learn from one of our nurses, who formerly was a nurse in the Pennsylvania Hospital, that the child was in that institution at the age of two years, suffering from the same disease.

The condition that we have here is that which has been called scrofulous synovitis, gelatiniform synovitis, gelatiniform degeneration, and a variety of other names, but I think a name that describes the condition more accurately is that which I have proposed for it—gelatinous arthritis. It is not simply a synovitis, for all the tissues of the joint, even the cartilages, are involved. The term gelatinous describes the condition of the tissues, which, when exposed, seem to have been converted into a gelatiniform mass.

In the early stages of this disease, which is perhaps the most common form of arthritis affecting the knee joint, and which, in its advanced stages, constitutes the white swelling of the older writers—in the early stages, I say, something can undoubtedly be done by fixation of the joint, keeping the parts perfectly at rest, and by counter-irritation, with the tincture of iodine or blister, by extension, if there is much pain from the contact of articular surfaces, and by proper constitutional treatment.

In the advanced stages, when the disease has progressed as far as it has in this case, I do not think that any treatment short of the removal of the diseased part is sufficient.

The surgeon should, of course, take away no more of the limb than is necessary for the removal of the diseased part. Excision is usually sufficient, but in more advanced cases, when the general health begins to fail, amputation may be required, and it then becomes a truly conservative measure; but as I have said, in the large majority of cases the surgeon will do better, I think, by simply removing the joint.

The operation of excision of the knee joint for disease is usually a successful one, in well selected cases. It is not a successful one when performed in cases of recent accidents, or after gunshot injuries; but when employed for chronic disease of the joint, and when the after treatment is carefully attended to, it is usually successful. The after treatment is a very important element.

The joint can best be reached by a transverse incision below the patella. As the object of the operation is to destroy the function of the joint, it is better to remove this bone. The skin and fascia being dissected up, the joint is opened, and the extremities of the femur and tibia removed with the saw. The best saw for this purpose is that of Butcher, with which the bone can be divided from below upward. In using this saw there is one point frequently overlooked by surgeons. When sawing from above downward, in the ordinary way, the force is applied in pushing the saw and the teeth are directed forward; but when the surgeon reverses the proceeding and saws from below upward, then the force is applied in pulling the saw toward him, and the saw should be reversed so that the teeth are directed backward. The other instruments required in this operation, are a strong scalpel, a blunt-pointed knife, to divide the tissues in the neighborhood of the popliteal space, when we get near the great vessels, and a pair of Fergusson's "lion-jawed" forceps, with which an assistant can steady the bone while it is being sawn.

No very large blood vessels are divided in this operation. The popliteal artery can only be wounded by carelessness. The articular arteries are, of course, divided, and require ligation. Unless the hemorrhage is great, I usually postpone the ligation of the arteries until the bone sections are made. I do not use a tourniquet or Esmarch's tube. I have seen a case where Esmarch's tube was used during this operation followed by consecutive hemorrhage which proved fatal. You know that one result of the use of Esmarch's tube is paralysis of the vasomotor nerves, and thus the risk of consecutive hemorrhage is rendered greater, and as we cannot, as in operations for necrosis, stuff the wound and control the hemorrhage by pressure, I think it better to avoid that risk.

Here you see the characteristic appearance of the joints in gelatinous arthritis. Notice the great globular swelling. There is a good deal of heat about the joint, showing that the disease is still in active progress. There is no great loss of motion. This is a characteristic of gelatinous arthritis. You will also observe the deformity, the leg thrown backward, rotated outward and drawn upward.

I do not think that anything can be done here, by orthopædic measures. After the operation I shall place the limb in this splint, which is the best I know of for this purpose. It is made of wire, and secured to the thigh and to the leg, thus leaving the joint free, so that it may be examined and dressed without removing the splint. It also has a movable foot piece, to adapt it to limbs of different sizes.

I now make an incision across the front of the joint, and when the limb is straightened out the

tissues will form a flap. A precaution to be taken in making this incision is to get the ends far enough back to allow free drainage. I cut directly down and disarticulate the bones. You see how completely the joint is obliterated by this gelatinous matter. I now remove the articulating surface of the femur. As these bleeding vessels will have to be tied, sooner or later, I may as well tie them before I go on. Now, taking the blunt-pointed knife, I divide what is left of the crucial ligaments. I cut cautiously backward until I get behind the articulating surface of the tibia. I remove with the saw as thin a shaving as possible of the the tibia. I bring the leg down, and you see that it comes out pretty straight, but I think it better to remove a little more from the tibia. The leg can now be brought perfectly straight.

An important point to be borne in mind in performing this operation is not to interfere with the floor of the popliteal space, for if you cut the ligamentous tissues at the back of the joint, you not only endanger the blood vessels, but you open up a way for pus to escape into the tissues of the thigh and leg. One of the most troublesome sequelæ of excision of the knee-joint is burrowing of pus up and down the limb; but by keeping the floor of the popliteal space intact, this complication can usually be avoided.

Here you see this bursa extending up above the patella. This I shall have to remove, for if allowed to remain it will continue to suppurate indefinitely. In the adult this cannot always be done, for sometimes the bursa extends a considerable distance up the thigh. I have known it to extend four or five inches. Of course, under such circumstances, it becomes a serious matter to attempt its removal.

While the limb is being washed, we will take a look at the bone. Here you see this gelatinous mass, uniting all the parts together. The synovial membrane is entirely obliterated. This is all that is left of the semilunar cartilages. When I cut into this, we find the cartilages eroded—what used to be called ulceration of cartilage. Below this we find caries of the superficial layer of bone. This inflammation, and caries of the bone is the cause of the pain in this disease. It is probable that cartilage is not possessed of sensibility, and that the pain is due to the disease of the bone immediately underneath. We find the same condition of things in the slice removed from the tibia. This yellowish-looking material outside of the joint is not, as is sometimes supposed, the result of gelatiniform change, but is simply a fatty degeneration of the surrounding tissues. The gelatiniform change is, I think, confined to the synovial membrane and the cartilages. There is no specific difference between this form of arthritis and the ordinary form which often ends in anchylosis. The difference is, that in gelatinous arthritis the gelatinous material does not become perfectly organized and form adhesions, but simply remains in this soft condition.

Before applying the splint I shall introduce a few stitches and bring the edges of the wound together. This splint is made in three parts. I shall pad the parts to be applied to the thigh and leg, but I shall not pad the middle part until the splint is fixed. The splint is secured to the thigh and leg by broad pieces of adhesive plaster, and to the foot by the foot-piece. Over this I apply a roller bandage. The limb is now securely fixed, and the wound can be dressed every day through this opening. The dressing for the wound consists of a piece of oiled lint, over this oiled silk, and then the knee is surrounded on all sides by oakum, held in position by a roller bandage. The limb will be placed on a soft pillow, but in case the child is restless, it will be better to put it in a fracture box. In the subsequent dressings we shall use the Scultetus bandage, as it allows the wound to be dressed with a less amount of exposure than the ordinary bandage.

[The patient did well for two or three weeks; then the wound, which had united, reopened, and the femoral epiphysis came away as a sequestrum. An intercurrent pneumonia followed, and proved fatal on the twenty-ninth day.]

Sub-astragaloid Amputation of the Foot.

The next case is the one of which I spoke to you last week. A case of very bad acquired club foot, coming on in childhood. It is accompanied by so much disease of the bones that I have recommended amputation of the front part of the foot. The loss of bone, whether by caries or by interstitial absorption, is so great, and the deformity is so marked, that I do not think any benefit would be derived from orthopædic measures. At this point there is beginning ulceration, a perforating ulcer, as it is called, a peculiar form of ulcer, resulting sometimes from pressure, or exposure to cold, and sometimes from degenerative nerve changes.

You see how deformed the foot is. You see these sinuses, which I think lead to diseased bone. Passing the probe through one of them, I can feel carious bone.

The operation which I intend to perform is that of sub astragaloid or Lignerolles' amputation, consisting of the removal of all of the foot except the astragalus. The incisions are made very much as for a Syme's operation, but the astragalus is left, the os calcis is dissected out, and the lower flap is then brought over the astragalus. It is something between a Syme and a Chopart. Lignerolles employed two lateral flaps, and Lisfranc took one flap from the dorsum of the foot. The dorsal flap is, of course, much less resistant than the heel flap. The best method is, I think, that recommended by the late Mr. Hancock, of Charing Cross Hospital, London, and the one which I have also pursued in my operations. It consists in making the heel flap as in Syme's amputation. The operation is more tedious. It takes a long while to dissect out the calcaneum; but I think the results are so favorable as to warrant the expenditure of time.

I first make a dorsal flap, as in Syme's operation. I cut off the anterior part of the foot, and then proceed more leisurely to remove the os calcis. I dissect it out, keeping as close as possible to the bone. Sometimes the projecting part of the astragalus may be removed, allowing only the portion between the malleoli to remain, and this is the plan which I shall adopt in the present instance.

The object of this operation is to preserve the

ankle joint, enabling the patient to walk with considerable elasticity of step. I think that it is better than Pirogoff's, which does not preserve the joint.

I have made a slight perforation in the heel. One of the directions given by Mr. Syme for the performance of his operation was, that the surgeon should make an opening through the heel, to allow the escape of any fluids that might collect. This is the operation I advise you to perform when you have to go higher than a Chopart and not as high as a Syme. It has the advantages that it preserves the ankle joint, and leaves a longer stump.

Having ligated the vessels, I bring the wound together by silver sutures, and give support by adhesive strips. This, having the natural heel tissues for its base, makes a good stump. I dress it, as I do all amputations, with pure laudanum. Over this I put oiled silk, then a mass of oakum, and complete the dressing with a roller bandage.

[The patient recovered without a bad symptom, and with an excellent stump, which readily bore her weight in walking.]

Editorial Department.

Periscope.

Medical Use of Burgundy Wines.

The *Lancet*, Oct. 23, says:—

The therapeutic value of red Burgundy wines is very marked, but the potency of their effects must make physicians somewhat cautious in recommending them, although in many types of disease no class of wine will produce so great benefit. They are well fitted for convalescents from fevers and other acute affections, and are superior to all other wines in cases of anæmia, general debility, feeble development, and cases of mal-nutrition not depending on gastric or intestinal irritation. Even if such be present, they may frequently be prescribed with benefit, although lighter, and especially sparkling, wines agree better if the irritability be a marked symptom. In most cases in which iron and cod-liver oil form the routine treatment, a wine-glass or two of good Burgundy with dinner is an excellent adjuvant. Primarily somewhat stimulating, these wines in their after-effects are markedly sedative, and hence many patients, weak in physical powers, but excitable and highly nervous in temperament, derive more good from them than from other classes of wines. In some cases this sedative influence may render unnecessary the ordinary soporifics, and chloral, opium, and bromides be now and again dispensed with. They do not aid the digestion as clarets often do, nor can they be taken as refrigerants; in fact, Burgundy is a very powerful wine, must be ordered with great care, and taken in small quantities only. It is said to favor the development of obesity, but we much doubt if this be a fact when the wine is taken in medicinal quantities. The excessive eating with which Burgundy drinking is so generally accompanied has, perhaps, as much to answer for in the production of this condition as the mere consumption of the wine. It is stated that in the Burgundy districts gout is not a prevalent disease, even among the growers and exporters of the best wines; but gouty patients can only take it sparingly, if indeed it be ever advisable. Bilious and plethoric people cannot take this class of wine with safety, and in many of these patients headache and a sense of fullness and discomfort are induced by even small quantities. The amount of sugar is so small that it may be safely ordered for diabetics, and the superiority of the best wines in this respect has already been referred to. The amount of fixed acid is much the same as in clarets; this, with the lower percentage of grape-sugar, make it even more valuable in many cases of rheumatism and neuralgia. It is important to remember that the best red Burgundies contain more alcohol than the corresponding clarets; and that in even the cheaper varieties, including Mâcon and Beaujolais, a similar difference exists. White Burgundies of the highest class, such as Montrachet, contain even more alcohol than Romanée or Chambertin, and as a large amount of unfermented grape-sugar is also usually present in such wines, they are indicated in different cases of disease, and cannot be safely substituted for one another.

A Case of Antiseptic Midwifery.

Mr. Walter Verdon, F.R.C.S., writes to the *Lancet*, September 25th:—

The following case is, I think, of interest, in showing the value of Mr. Lister's treatment applied to midwifery.

Lately I have used antiseptics in ordinary midwifery cases, and with marked benefit. The discharge ceases sooner, and does not become offensive. In some cases this disappears entirely during the first week. It is necessary, however, in order to obtain a good result, to guard against the admission of septic air both during and after confinement; to view the uterine and vaginal lesions in the same light you would the wound made in a subcutaneous operation, and as carefully protect them from septic influence.

Mrs. T., weak and anæmic, at full time, had suffered from frequent pains for two days. She had not sent for assistance, because she did not think the labor far enough advanced, but now felt so exhausted she wished for help. The os was now fully dilated, membranes ruptured, head above the brim, pelvis roomy, pains frequent and short; the head descended with and receded after each, making no progress; pulse 98, weak and compressible; the patient was much exhausted. I then determined to use the forceps, and also to take every antiseptic precaution.

I syringed out the vagina with warm carbolized water; also had a small basin of carbolized oil at hand for the instruments, hands, etc., and to anoint the labia and adjacent parts. All vaginal manipulation was performed beneath the spray, and with very little traction the child was born. The after-applications were diapers soaked in carbolized oil and carbolized tow, and an injection of carbolic lotion three times daily.

On the second day after confinement I found the nurse was suffering from an acute attack of erysipelas of the face; she told me she was feeling ill, and her head felt tender the day before the confinement. She had slept with the patient on the night of the labor and on the following night.

On the third day the patient complained of sore-throat. Pulse 120; temperature 102° F. Vaginal discharge free from putrefactive smell; urine clear and copious.

On the fourth and fifth days the patient felt very ill, and complained of pain in the right leg. Her tongue was coated; pulse 120. Still the vaginal discharge was going on satisfactorily, but there was a patch of cutaneous inflammation on the right thigh, from the buttock extending almost to the knee.

On the sixth day the discharge ceased and did not return. The pulse remained above 100 until the eleventh day; the redness disappeared on the eighth day.

The child also was the subject of an unhealthy ulceration round the umbilicus, preceded by a superficial inflammation extending to the groin.

Both the child and mother made a good recovery.

Cold Baths in Cerebral Rheumatism.

Dr. Woillez has read an able paper upon this subject at the Academy of Medicine (*Union Méd.*, October 14). After adverting to the former fatality of the disease, he states that since 1870 it has become more and more evident that it may almost always be successfully treated by the application of cold, the cold bath at 20° C. (68° F.) being the form of using it which he prefers, repeating it every three hours, until the cessation of the delirium and the reappearance of the swelling of the joints. Generally the cessation of the cerebral accidents only lasts for a short time after the first immersion, but gradually increases in duration after the subsequent ones, a refreshing sleep succeeding the period of agitation. When the baths cause shivering they should be discontinued. In no instance in which they have been employed have they given rise to mischievous effects; and even when, owing to their defective application, they have not prevented death, they have prolonged life. They may be prescribed under the following conditions:—1. When to the delirium there are added diminution or disappearance of the swelling of the joints and a temperature of 40° C. (104° F.) and above. Under this combination the baths may be said always to succeed in procuring recovery at all periods of the disease, whether there be only delirium, coma, or imminence of death. 2. We should have recourse to them if with the delirium there is no diminution in the articular symptoms, but the hyperthermia exists. 3. The bath should be replaced by revulsives when merely delirium prevails, the articular disease pursuing its course, and no hyperthermia being present. Dr. Woillez observes that it is an error to regard the hyperthermia as the sole indication for the employment of the cold bath, the articular fluxion requiring also to be taken into consideration, since, in a certain number of cases, revulsive treatment having caused this fluxion to reappear, a cure has resulted. Although so strong an advocate for the cold bath in cerebral rheumatism, he does not regard it as opportune in all general diseases with high temperature, and especially in typhoid fever, in which he considers it as ineffectual and injurious.

Some of the Therapeutic Uses of Iodoform.

According to the *British Medical Journal*, October 2d, 1880, Dr. Henry M. O'Hara read a paper on this subject, before the Victorian branch of the Society, April 16th, 1880.

He said that during his voyage from London to Melbourne he treated six cases of soft chancre in sailors, by dusting the sores, night and morning, with powdered iodoform. Five of the six healed rapidly and no ill effects followed; but the sixth case, a strumous-looking man of twenty-six, showed symptoms of bubo. Dr. O'Hara therefore stopped the treatment, and put him on black wash and iodide of potassium. This treatment failing, he again ordered the local application of iodoform, and in eight days the sores took on a healthy action and began to heal. On undertaking the duties of out-door surgeon to the Alfred Hospital, he introduced iodoform, and kept a record of the cases treated with it during twelve months. During that period he prescribed it in 40 cases of chancre, in 32 of chronic indolent ulcer (principally the so-called varicose ulcer), in 3 cases of ozæna, and in several cases of ringworm. Of the 40 cases of chancre, 31 reported themselves cured. The average duration was eighteen days. Two patients returned with sore throat and secondary symptoms, and the remaining seven were lost sight of. This gives an average of 77 per cent. absolutely cured. Of these 31, 21 were simply treated by the topical application of the drug in an ethereal solution; the other 10, not healing so rapidly, took one grain in pills, three times a day, of iodoform. Of the 32 chronic cases, 28 were in women and 9 in men. In every case there was a varicose condition of the veins of the leg, and Dr. O'Hara prescribed iodoform ointment (twenty grains to the ounce) and a bandage. Of these 32, 26 healed rapidly (some were of very old standing), but 6 defied the iodoform at first; and, having strapped them for a short time, he again tried iodoform, when four of them healed; the other two he lost sight of. It was only in the chronic indolent ulcer that iodoform acted so beneficially. On inflamed surfaces it increased the inflammation and acted as a violent irritant. The same result was found in the case of chancres. In ringworm Dr. O'Hara was very much disappointed with the results of his experiment; and, of 12 cases, he

had in all to fall back upon chrysophanic acid. In conclusion, Dr. O'Hara pointed out that iodoform was quick in its action and gave no pain; in the majority of cases he found its local application sufficient; and that it was very portable, being prescribed in pills which could be carried about by the patient.

Treatment of Diffuse Phlegmon.

Prof. Peter, in one of his clinical lectures published in *le Presse Méd. Belge*, Sept. 5, 1880, states that formerly he agreed with others in the great utility of multiple and prolonged incisions in diffuse phlegmon, so that in one case he practiced no less than seventeen incisions, of from twelve to fourteen centimetres in length. Since that period he has reflected that such incisions may prove mischievous in alcoholic and diabetic patients and others who can ill bear the consequent loss of blood. Fortunately he has found that the phlegmon may be effectually treated by a much milder procedure. In all patients who exhibit a diathesic condition from heart affection, albuminuria, diabetes, alcoholism, etc., he is very chary in making incisions; and if they must be resorted to he employs the actual cautery, while the thermo-cautery is the best means for treating anthrax. Even when no diathesis forbids them, he now abstains from multiple and large incisions, and seeks for the nearest serous bursa, as almost all diffuse phlegmons originate in a natural or artificial bursa. He makes one, or at most two, cuts with the bistoury opposite this bursa. For phlegmon of the thigh this is done at the bursa of the patella; for that of the foot the incision must be made at the two malleoli, and for that of the forearm the bursa of the olecranon must be opened. Almost always one such incision suffices, but if the phlegmon persists the incision must be repeated next day.

The Therapeutic Use of Pilocarpine in Skin Diseases.

In the St. Petersburg *Med. Wochenschrift* of 19th July, quoted in London *Med. Rec.*, appears a notice of the results obtained by Professor Pick from the use, over a space of two-and-a half years, of pilocarpine and its preparations in prurigo, psoriasis, eczema, pruritus, urticaria chronica, alopecia areata, trichoptilosis, alopecia pityrodes, acne, hyperidrosis, pemphigus chronicus, and lichen exsudativus, *i.e.*, in all skin-affections where the secretion of sweat is more or less altered. Small doses of one-sixth of a grain, in solution, were ordered twice a day, one to two hours after food. Perspiration followed generally four or five minutes afterwards. After several weeks' use, unless intermitted, the dose had to be increased. The skin became softer and more pliable, scaliness diminished, and the hair was less brittle. The use of the remedy even for months in no way disturbed the general health. In 32 cases of prurigo the tormenting itchiness disappeared, and the relapses were somewhat delayed; while, again, in 25 cases of psoriasis no effect was seen. In two cases of pruritus senilis, and one of urticaria, a cure was accomplished. In eczema, the result was not decided. In ten cases of alopecia pityrodes, good results followed; while in four cases of alopecia areata, no decisive result was obtained.

Credo on Nerve Stretching.

At the last meeting of the Society of German Surgeons, in Berlin (*Med.-Chir. Centralblatt*, No. 31), Dr. Credé, of Dresden, showed a patient on whom he had performed stretching and division of the third branch of the trigeminal nerve by a modification of Lücke's method. He made an incision down to the posterior surface of the upper jaw. The lower jaw had to be dislocated; he then penetrated beneath the periosteum as far as the foramen ovale, seized the nerve with a blunt hook, and isolated the middle meningeal artery. He then stretched the nerve, and cut it through at the base of the skull. There was no febrile reaction; and the neuralgia was removed.

A long discussion followed on the usefulness of nerve-stretching. Opinions were divided. Esmarch had carried out nerve-stretching seven times with good results; once he had stretched the brachial plexus, in tabes, with success. Trendelenburg was not so fortunate; he had employed nerve-stretching in six cases, with only one example of success. He was undecided whether nerve-stretching was indicated in tetanus or in tabes. Sonnenburg did not observe any success in tetanus. Vogt laid emphasis on the point that the nerves must be very strongly stretched, and that only the large nerves could be treated. Langenbeck reported that in the cases which he had published of nerve-stretching in tabes, relapse had occurred; and so also in the case of intercostal neuralgia which Nussbaum, on his part, had reported.

Scirrhus of the Female Breast.

At the meeting of the Glasgow Pathological and Clinical Society, held May 10th, 1880, the Glasgow *Medical Journal* says:—

Dr. Foulis showed a series of seven specimens of scirrhus of the female breast, specially prepared to show the relation of the cancer mass to the nipple. In some of these the nipple was involved, but in such a manner that there was a line of demarcation by fatty subcutaneous tissue between the cancer of the nipple and the main mass of the cancer, the communication being along the ducts. In others of the cases the cancer seemed to drag in the nipple merely by dragging mechanically upon the ducts, and the cancer mass seemed to be quite apart from the nipple. In a third variety the cancer had infiltrated the nipple ducts and the septa of the gland far and wide, and in this variety there were several masses of cancer here and there in the breast, only united by the infiltrated septa. He placed the specimens on the table to compare with Dr. Forrest's case, in which, although the nipple was the seat of a precursory eczema, yet the main nodule of the cancer was far away from it in the axilla.

Effects of an Exclusive Meat Diet.

Mr. C. F. Masterman writes as follows to the *Lancet*, Oct. 2, 1880:—

In answer to the query of "Dietetic," I may point out the fact that the diet of the gauchos of South America consists almost exclusively of meat, and of a kind not containing much fat; they eat occasionally a little maize or roasted mandioc (Cassava manihot); but for weeks together they live entirely upon meat, and certainly enjoy excellent health. I do not remember having seen any trace of scurvy among them. But I can give a case more to the point in my personal experience. While I was a prisoner in Paraguay, during the Brazilio-Paraguayan war, my captors gave me literally no other food during two months than meat (about half a pound to a pound per diem) and water, and for the next month a similar diet, but with less meat, and about thrice a week a very thin cake, certainly not weighing more than an ounce, of cassava meal. I suffered much from thirst, for very little water was given to the prisoners, but still more from a craving for vegetable food. Nevertheless, my health was excellent the whole of the time. I became, of course, as lean as a starved greyhound; but when I was rescued by the expedition sent by the Government of the United States for that purpose—under the fortunate mistake that I was a subject of the Republic—I was really as well as I had ever been during a singularly healthy life.

Abnormalities of the Colon and Omentum as Causes of Reflex Psychoses.

In this paper, which was read before the Berliner Psychiatrischer Verein (*Allg. Zeitschr. für Psych.*, Band xxxvii, Heft 2), Dr. Fraenkel revivifies, as it were, some of the old views as to the special relations of diseases of the alimentary tract to melancholia and other mental disorders. Esquirol and Schroeder van der Kolk fully recognized this relationship; but since the days of Griesinger it has been ignored. Besides the previously described lengthening, displacement, etc., of the colon, the author has frequently noted in his cases irregularities in the position, etc., of the great omentum; these had apparently never been described by Schroeder or other writers. Dr. Fraenkel considers them to be of greater significance than the affections of the gut itself, inasmuch as adhesions and folding of the omentum must give rise to tension and pressure of the nerves contained in it. The peripheral irritation thus caused is perceived by the ganglion cells of the brain cortex, any part of which may, in the author's view, be affected, thus causing psychoses of all kinds. Twenty-five cases are tabulated in this paper; in six the omentum was rolled up and hidden behind the stomach and descending colon, the transverse colon was at the same time arched downward; in four the omentum was affected as above, but the length and position of the colon was normal; in seven the omentum was shortened; in two it was adherent to the parietal peritoneum; in two it was adherent to the pubic bone; in one both colon and omentum were displaced upward and to the left; in two the transverse colon was arched downward, but the omentum only slightly displaced; in one the transverse colon was S-shaped, and displaced upward and to the left, but the omentum covered the whole of the front of the abdomen. Among the above were nine cases of general paralysis, all of which exhibited during life either decided mental depression, or only very slightly developed large delusions. The cases given extended over about four years, and occurred among fifty necropsies made during that period, about half of which were cases of general paralysis. The author's conclusions are these: 1. Abnormal positions of the colon and great omentum may cause a psychosis, or unfavorably influence one which already exists. 2. Percussion of the abdomen is recommended for the diagnosis of this condition. 3. Cold, wet compresses to the abdomen are frequently of use in the treatment.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A reprint from the Report of the Michigan State Board of Health contains a valuable paper on "Light in the Public Schools and School Life in Relation to Vision," by Prof. C. J. Lundy, M.D.

——"Medical Hints on the Production and Management of the Singing Voice" is the subject of a monograph by Lennox Browne, F.R.C.S., published by M. L. Holbrook & Co., New York. Those interested in the cultivation of the voice will receive many useful hints from this little book.

——We have received the *National Temperance Almanac and Teetotalers' Year Book*, for 1881, published by the National Temperance Society, New York. It contains, in addition to the calendar and astronomical calculations, the latest and most reliable statistics of intemperance, official tables of internal revenue receipts, beer and the brewers, results of prohibition, full tables of leading officers of National and State Good Templars, Sons of Temperance, Templars of Honor and Temperance, Women's Unions, State Temperance Societies, etc.; a list of all temperance newspapers, New York City temperance organizations, eighteen choice engravings, with stories, illustrations, puzzles, etc. It also contains two shadow-pictures by Edward Carswell, entitled "How to Fight the Giant," and "Chain the Beasts." Price, ten cents, single copies, $1 per dozen, $7 per hundred. Send for it. Address J. N. Stearns, Publishing Agent, 58 Reade Street, New York City.

BOOK NOTICES.

The Art of Prolonging Life. By Christopher William Hufeland. Edited by Erasmus Wilson, M.D., Author of "A System of Human Anatomy," etc., etc. From the last London Edition. Philadelphia, Lindsay & Blakiston, 1880. Cloth. Small 8vo, pp. 298. Price $1.00.

There are few works the perusal of which has given us so much real pleasure, combined with useful information, as the one before us, and Dr. Wilson is certainly entitled to the gratitude of the English-reading public for having reproduced, in elegant form, one of the finest literary productions of the last century. Although the general diffusion of sanitary knowledge has increased wonderfully during the past hundred years, we must confess, with the editor, that we were surprised to find the little real progress which has been made in the science of living during the same period. The book is divided in three parts. Part I treats of the art of prolonging life in general, beginning with a review of the state of this science among the ancient Egyptians and Greeks, and in the middle ages. This is followed by an inquiry into the nature of the vital power and the duration of life in general, discussing separately the duration of life of plants, the duration of life in the animal world, and the duration of the life of man. Here the author shows that the age of the world has no influence on the duration of human life, explaining the apparently incredible age of the patriarchs as depending on the difference in the chronology of the early ages. He goes further into the examination of the influence of climate, occupations, temperature, etc., on the duration of life, and the various methods devised for its prolongation.

In part II the means which shorten life are laid before us. Among these are delicate nursing in infancy, physical excess in youth, overstrained exertion of the mental faculties, diseases and their injudicious treatment, suicide, impure air, intemperance in eating and drinking, with refined cookery and the use of spirituous liquors. Passions and certain dispositions of the mind, such as melancholy, care, dejection, fear, (especially fear of death), anxiety, faint heartedness, and, in particular, avarice and hatred, he regards as inimical to long life, as well as idleness, inactivity and languor. Also overstrained power of the imagination, imaginary diseases, sensibility, poisons, physical as well as infectious, and old age prematurely ingrafted on youth.

In part III he takes up for discussion the means which prolong life. These are good physical descent, prudent physical education, active and laborious youth, abstinence from physical love in youth, and a too early assumption of the married state, happy married state, sleep, bodily exercise, the enjoyment of free air, moderate temperature and warmth, rural and country life, traveling, cleanliness and proper care of the skin, proper food, moderation in eating and drinking, preservation of the teeth, mental tranquillity and contentment, keeping our passions subdued, and considering life, not as an object, but as the means of attaining higher perfection, employing every day as if it were our last, and having trust and confidence in mankind. Hope, joy and laughter are among the means which prolong life, and so is reality of character, while living under disguise or restraint, and assuming a false character is extremely prejudical to life. Agreeable stimulants of the senses, such as music, painting, poetry, he considers of the highest value.

The prevention of diseases and their judicious treatment, together with the proper use of medicine and physicians, form the subject of an interesting chapter, in which the author warns the public against using medicine without sufficient cause, saying that it is much better to prevent diseases than to cure them. His advice is to consult a physician, not so much respecting prescriptions, as the state of one's body. In choosing a physician we should avoid those who prepare and employ secret medicines, or who are too talkative or inquisitive, or who value themselves above others, or whose principal object in practice is avarice or ambition, and select one of good moral character, and if possible, a friend. Having made our choice, we should trust ourselves to him with confidence, and never follow the example of those who believe that the more physicians they collect around them the more certain they must be of relief, but always remember that one physician is better than two, two than three, and so on in proportion; in other words, that in the same ratio as the number of physicians are increased will the probability of cure decrease. We might go on speaking of his excellent precepts for the proper treatment of old age and his advocacy of the cultivation of the mental and bodily powers, etc., but space forbids. The book deserves to be carefully read by all intelligent and thoughtful men and women.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA

IS MEDICINE A SCIENCE OR AN ART?

The above question may seem one that has been answered. Few young men in the profession but fondly believe that it is a science, or if it is not one just yet, it is in a rapid gait and on the high road to become one.

Certain it is that it is becoming rapidly surrounded with all the paraphernalia of a science. We have a medical chemistry, medical physics, medical mechanics, medical mathematics; the student must devote years to questions of optics, analysis, acoustics; he must provide himself with thermometers, reagents, and 'scopes and 'meters without number; he is diligently taught that "instruments of precision" are his indispensable aids; and if he is bright and ambitious, he studies diseases profoundly—in the pathological room—and remedies thoroughly—in the physiological laboratory.

Yet in spite of this brilliant array of resources there are here and there some voices—rather timid and feeble ones, perhaps, but audible—which are raised against this tremendous cram. These mediæval-minded doctors do not seem to think that the chief end of medicine is diagnosis; they apparently pretend that we can learn more by watching the effects of medicine when administered to sick men than to healthy dogs; and they talk as if a student could spend his time better by the bedside of a patient than with his microscope over prepared slides.

Of course, the enlightened editor can have no sympathy with these obscurantists, who would sink the noble science of medicine down to the level of a healing art, but he still recognizes it as his duty to chronicle their existence; and lest his mere statements should be doubted he will feel it incumbent to "name names."

One of these doubting Thomases is Dr MATTHEW CHARTERIS, Professor of Materia Medica at the Glasgow University. He deflects so far from the recognized standard of science as to say, in a recent address—

"Clinical experience shows how few symptoms or signs are in reality significant of any one particular disease, and how slowly but surely the art of healing will be consolidated, *not by physiological experiment or laboratory dreams*, but by carefully recorded facts and well authenticated recoveries, when the proper remedies have been judiciously chosen."

This is full of heresy. What! If the symptoms and signs are not significant, where's the diagnosis to come from? To be sure, Prof. CHARTERIS replies, from personal bedside observation. But then the reagents, the 'scopes and the 'meters, they seem to be put secondary and in the shade, by this way of reasoning. Then that hit at "laboratory dreams" is really cruel to "scientific workers," who just now have so many "provings" to report in the journals.

The painful confession must further be made, that Prof. CHARTERIS does not stand alone as a skeptic of the modern methods. Last year a professor of the ancient school of Montpellier, Dr. J. QUISSAC, published in Paris a treatise, entitled *Thérapeutique Médicale*, a respectably big book. He is an out-and-out doubter. He talks thus in the preface:—

"Medicine is being removed further and further from the bases on which it should rest, and apart from which it cannot exist.

"Many a time a single symptom furnished by physical or chemical exploration is taken as a sufficient indication for remedies.

"What wonder, therefore, that the therapeutics of the day is little more than a field for experiment, and that a remedy good to-day will be worth nothing to morrow. * * *

"It is not in the laboratories, no matter how well furnished, that we shall find the elements necessary to determine morbid conditions.

"As for the physical and chemical means, the microscope, the thermometer, the hematimeter, the sphygmograph, reagents, etc., etc., which fill so important a place in modern medicine, although we recognize their high value as scientific instruments, we consider them very feeble auxiliaries—indeed, often deceptive and dangerous—when we enter the domain of practical medicine."

Thus the professor of Montpellier; and in this spirit he teaches at the ancient University.

There seems, in truth, a growing disappointment at the practical benefits derived from the enormous multiplication of "instruments of precision" during the last thirty years. Nowhere have they been more sedulously cultivated than in Germany; but one has only to examine the records of German hospitals, or to glance at the confused and conflicting therapeutical paragraphs in *Ziemssen's Cyclopædia*, to satisfy himself that clinical medicine has positively retrograded there since the days of NIEMEYER—the last and greatest of Germany's real physicians.

Again, the feverish impatience with which every new remedy is run after by the profession, only to be tried, written about for a few months, and then thrown aside as a child does its toy, indicates surely that the old and standard remedies are too little known from their clinical side, and that, as QUISSAC says, the custom of seeking drugs to meet single indications, administering them on principles derived from physiological tests, is an utterly mistaken one.

MALIGNANT CHARBON.

The Academy of Medicine of Paris is at the present time, as we learn from an interesting article in *Le Concours Médical*, engaged in the discussion of 'le Charbon,' that infectious disease, oftenest seen in sheep, and which has attracted so much interest of late years through the experiments and researches of PASTEUR, COLIN, BOULEY and other French savants.

This malady attracts great attention in France, for it destroys great numbers of sheep in certain parts of that country, particularly in 'La Beauce,' and there is one farm in particular, located near Senlis, on which every animal introduced, even if kept entirely apart from the others, will be attacked with the disease; the temperature rises to 41°–42°, the glands become inflamed and suppurate, death generally ensues, and at the autopsy the blood is found filled with bacteria.

How infection occurred in such a case has long been a disputed question, which has lately received a very probable solution, through the researches of that great savant in such matters, M. PASTEUR; he asserts that the germs or bacteria of this disease are transported from the depths at which diseased animals are buried, by the earth worm which feeds on their carcasses, and he has demonstrated the presence of such bacteria in the excrements of the worms found on the surface, where the sheep in feeding would readily absorb them.

Some very interesting experiments have been lately reported to the Academy by M. TOUSSAINT; he inoculated sheep with the serum of the blood of diseased animals, deprived, as he thought, of bacteria; he announced that after an attack milder than the usual disease this vaccination gave immunity against further attacks.

M. BOULEY has repeated the experiments at Alfort, on twenty sheep; four died, and numberless bacteria were found in their blood; the others were gravely attacked, but recovered. In order to test M. TOUSSAINT's assertion that such inoculation gave immunity against the disease, these sheep were inoculated from the blood of a rabbit dead after inoculation with virus of le charbon; the only result observed was a slight rise in the temperature, with some general malaise, showing that the virus had still some slight effect; this same effect somewhat more marked, for the glands were swollen, was remarked by M. CHAUVEAU after inoculation of some Algerian sheep, who do not generally suffer from the disease when exposed to it; he

remarked also that repeated inoculation gave almost entire immunity from evil effects.

Have these facts any bearing on vaccination in the human subject? They would seem to show, as M. BOULEY observes, that repeated vaccinations at short intervals, and with a greater number of points of inoculation might prove successful when one vaccination did not.

But M. TOUSSAINT'S process really resembles the direct inoculation of the virus of the smallpox, as has been practiced by the Chinese for the last thousand years in the human subject.

In the second half of the last century, when this direct inoculation was common in the north and centre of Europe, GATTI-PISA, one of the great upholders of this practice, noticed that in 95 out of 100 cases direct inoculation could be made a second time with effect, showing that just as M. TOUSSAINT has found to be the case in animals, for the charbon, so in man, inoculation, even with smallpox virus, would have to be repeated to confer perfect immunity against the disease.

"MAISONS de SANTÉ" IN CITIES.

We have at various times spoken of the advantages that accrue to the public from institutions in large cities to which a physician can send cases, treat them himself, and feel assured that they can have comfortable surroundings and careful nursing.

The need of such an establishment is often felt in large cities, both by the profession and by the public. To the physician it furnishes a place for those cases which daily present themselves, that cannot be attended with the best advantages at home, either through the absence around them of persons taking enough interest in their welfare, or want of means to employ competent persons to give the care necessary for a favorable issue. To the surgeon, it is of great value, success being enhanced by the certainty of proper after treatment, close observance of directions, and by the continuous presence of a medical man in case of secondary hemorrhage or other emergencies. In other words, it presents all the advantages of a hospital, while its privacy makes it acceptable to persons who would not enter one. The fact of being open to the general profession does away with the necessity of transferring the case to a hospital staff, which is the rule in these institutions, a fact evidently unpleasant for the doctor, and often disagreeable to the patient. To members of these staffs it is a convenient place for cases requiring systematic treatment, but who refuse to enter a public institution. To the physician practicing in the country or other cities, who desires to send cases to specialists, such an establishment presents many advantages. The physician in charge of the "Maison de Santé" being advised in advance, the patient is sent for at the station and the treating physician selected notified at once of the arrival of a case addressed to him. This avoids much loss of time, and the patient is at once provided for in every manner. When no attending physician has been selected, and this is left to the physician in charge, the latter makes the selection according to his best judgment.

To the public it furnishes a home where proper care can be obtained when it is most needed, and that at no greater expense than incurred during health. Nothing can be more unfortunate than to be sick in a boarding-house or a hotel, and to this are exposed one-fourth of the population of this city, and the majority of travelers and strangers who are constantly in our midst. Such an institution is of great value to these, for in case of illness they can obtain the care necessary to their condition, thus avoiding the indifferent and expensive attentions of hotel or boarding-house nurses. They can be attended by their own physician, or by one recommended by a friend, provided that this physician be a regular graduate.

It is also a convenient home for incurables and chronic cases, where a physician may at a moment's notice be required; apartments are reserved for these, apart from those devoted to transient patients. We make these remarks apropos of the opening of such an establishment in Philadelphia, under very competent authority. The location of this *Maison de Santé* is No. 351 Spruce street, within easy access of the cen-

tral portion of the city, and its charges, $7 per week and upward (according to accommodations), place it within the reach of all classes of society.

Dr. Chas. E. Sajous, the physician in charge, was at one time connected with a like institution in San Francisco, Cal., of late House Physician of Howard Hospital, and now in the Laryngoscopic Department of Jefferson College Hospital. His office is at No. 1010 Walnut street, where communications should be addressed. There is also a resident physician.

The plan of the *Maison de Santé* recommends itself to the profession, and it is to be hoped it will meet the success of which it is worthy.

Notes and Comments.

Enlargement of the "Reporter."

It gives us great pleasure to announce that from and after January 1st, next, the Reporter will be *enlarged eight additional pages*, and will give in every issue twenty-six to twenty-eight pages of reading matter. The increasing quantity of valuable material offered for publication, and the constantly widening interests of the medical profession, have shown us that our present limits are too contracted. We wish to represent fully all sides of professional life, the hospital, the laboratory, the medical society, the library, and the daily calls of the doctor. Hereafter we shall have space to do it.

We have arranged to fill these additional pages with superior material, and such as has interest to physicians wherever located. Well digested reports on the progress of special branches of medicine, abstracts of the leading society meetings, and more ample clinical and hospital reports will be secured. In addition to that, we are planning some novel and entertaining features of medical journalism, in which all readers will be interested, and the details of which we will announce later.

We trust that all our present subscribers will continue with us, and many new ones join their ranks.

Intra-Uterine Injection of Antiseptic Solutions.

Dr. Rendu, in a paper in the *Progrès Médical*, October 9th, quoted in *Centralblatt für Gynækologie*, asserts, that intra-uterine injections are without danger; that the liquid never penetrates into the peritoneal cavity by the fallopian tubes, except when injected with very considerable force; and that hemorrhage does not follow such injections. Most of the great French accoucheurs with whom the author has communicated are in favor of such injections used as means of prophylaxis, but only after instrumental or complicated labor.

Intra uterine injections should then be made, when the labor has been tedious or instruments have been used; when there is total or partial retention of the placenta; and again, when, after hemorrhage or other accident, the lochial discharge becomes fetid. But it must be remembered, that Küstner, Fritsch and Herdegen, have reported cases where intra-uterine injection was followed by immediate, grave and even mortal accidents; and Fritsch advises, in consequence, that the current of liquid should be directed slowly against the inner walls of the uterus, and that there should be no obstacle to its free exit.

Dangers of "Bonwill's Method" of Anæsthesia.

This method, as is well known, is by means of forced respirations. Dr. Henry Gibbons, of San Francisco, says of it, in the *Pacific Medical Journal*:—

"We suppose that most persons, most boys, at any rate, have experienced the sensation produced by blowing at a fire, substituting their lungs for a bellows. The proposed method is nothing more than an exaggeration of this. So far from regarding it as likely to prove useful, we look upon it as decidedly dangerous. It puts the brain in an abnormal condition, by interfering with the circulation, and is almost equivalent to partial strangulation. We are surprised that any considerate physician should recommend such a violation of physiological laws."

Perfumed Carbolic Acid.

℞.	Acidi carbol. cryst.,	1 part
	Olei limonum,	8 parts
	Alcoholis (36°),	100 parts. M.

This mixture, which appears to be quite stable and has only the odor of lemon, is what has been known as 'Lebon's perfumed carbolic acid', the formula for which has long been a secret, but has now been made known in the *Moniteur Scientifique* of Paris. The antiseptic properties are in no way affected by the oil of lemon.

Headache in School Children.

A recent writer, Dr. Treichler, states that about one-third of the pupils in schools suffer more or less from headache. It leads to poor-

ness of blood, and loss of cheerfulness and mental energy. Its chief cause is probably overwork, and especially nocturnal study. The anatomical changes which accompany the more advanced stages of this habitual headache are, in the author's opinion: 1. Trophic changes in the ganglion-cells of the brain cortex, caused by anæmia. An anæmic brain is much more easily exhausted by mental exertion than a normal one. 2. Passive dilatation of the cerebral blood-vessels and consequent stasis; the perivascular spaces round the capillaries become narrowed, the removal of waste products is thus hindered, and in this way again trophic disturbance is caused. Recent views, which regard progressive paralysis as commencing by vaso motor trophic changes in the brain-cortex, paretic dilation of the vessels of the pia mater, and degeneration of the cortex through lymph-stasis, increase the significance and importance of the conditions believed by the author to be brought about by prolonged habitual headache in young people.

Causes of Diphtheria and Typhoid.

Dr. Edward M. Snow, in his last report as City Registrar of Providence, observes:—

With regard to the causes of diphtheria and typhoid fever, in cities, they are well understood; indeed, it may be said that they are positively known at the present time. They are impure air or impure water, the impure air generally arising from collection of sink water or from privy vaults. These are causes that can be prevented or avoided in nearly all cases; they are causes that, in cities, almost without exception, exist in the houses or in the immediate proximity of the houses where the diseases are found. If these causes are allowed to remain in or about any house, cases of diphtheria or of typhoid fever, in their season, may be expected to appear in the same house. The converse is also true, that if cases of diphtheria or of typhoid fever do exist in any house, it is proof positive that the causes of the disease also exist in the same house. There are good reasons for believing that, to some extent at least, scarlatina depends upon the same causes for its propagation.

Who is responsible?

Influence of Race on Insanity.

What influence race has on insanity has recently been studied by Dr. Spitzka (*Journal of Mental and Nervous Disease*). His conclusions are, that, on the whole, the different forms of insanity occur in nearly the same proportions in the Anglo-Saxon, Teutonic, Celtic, and Hebrew races; paralytic insanity is most common among Anglo-Saxons and least common among Negroes; melancholia is most common among Germanic peoples; the tendency to terminal dementia is greater in the Anglo-Saxon than in the German or Celt; and the forms dependent upon hereditary taint are most common among Hebrews. With this it is in accord, that since the termination in dementia and the influence of heredity are the factors which chiefly cause an accumulation of the insane population, the Hebrew and the Anglo-Saxon should have the highest proportions insane of their respective populations.

Northern Georgia as a Resort for Consumptives.

This part of the South has for years had considerable credit as a resort for the phthisical. A late study of it has been made by Dr. H. P. Gatchell, of Atlanta, in the course of which he asserts that, so far as statistics indicate, no other so favorable place of resort for the consumptive is to be found in the whole country; and his experience in the treatment of patients there goes to confirm the conclusion derived from statistics. He has had those who had tried Florida and other Gulf lowlands before visiting this region, as well as those who had come directly from the North. His son, who has had extensive experience in the treatment of pulmonary diseases in Colorado, holds the same opinion of the merits of this region. The subject of consumption formerly, he has tried Texas as well as Colorado. He finds himself in better health in Georgia than in any other place in which he has lived.

Faradizing the Spleen in Ague.

It is mentioned in the London *Medical Record* that Dr. Schröder, of St. Petersburg, in forty two cases of intermittent fever, some of which were old, and in most of which the usual medication had proved of little use, got almost uniform success by faradizing the spleen. The method used was to hold an electrode *in situ* on the left hypochondrium, while the other was carried slowly along the edges of the enlarged spleen. An application of five minutes every day sufficed.

Chloral as an Anæsthetic for Children.

M. Redier, in an article in the *Journal des Sc. Medic. de Lille* asserts that he has found that young children support, even better than adults,

chloral at the dose of 60 to 75 grains per diem. He confirms M. Bouchut's assertion that chloral, given so as to induce sleep about one hour and a half before the operation, acts efficiently as an anæsthetic in any of the minor operations (extraction of a tooth, application of actual cautery, opening of abscess); indeed, M. Bouchut contends that forcible straightening of an ankylosed joint may thus be performed; and an operation for hare-lip has been performed in a child of six, after administration of 60 grains of choral.

Higher Mortality in Valleys.

In the course of an article in the Atlanta *Medical and Surgical Journal*, October, Dr. H. P. Gatchell observes:—

In supervising the census of North Georgia, I have had ample confirmation of an observation which I long since made, of the increased ratio of mortality in narrow valleys. Such valleys, especially in mountainous countries, are hotter by day and colder by night than more open areas. The nights, too, are characterized by dense fogs, which contribute to render the cold night air more chilling. What with the confined air and the heat by day, and the chilly dampness of night, the mortality from both fevers and consumption is increased.

Beef and Bitters.

A correspondent writes to the *Maryland Medical Journal* that he has found from personal experience that the unpleasantness of the sulphate of quinia (which prevents the prescribing of that very valuable drug in many cases where no other remedy will take its place) is materially obviated by the addition of Liebig's Liquid Beef. The beef taken before quinine also seems to have a tendency toward preparing the stomach for its reception.

Purgatives in Phthisis.

M. Ferrand, in his clinical lectures on phthisis, recommends that the following mixture should be administered in a cup of tea when it is necessary to relieve constipation in phthisical patients:—

Calcined magnesia,	2 to 4 grams
Manna in tears,	30 to 40 grams.

If this laxative has to be taken often, it may be converted into an electuary by the addition of a little honey. In this form a large spoonful is to be taken every morning.

Manna in tears,	30 grams
Calcined magnesia,	4 grams
White honey,	30 grams.

Correspondence.

An Interesting Pulmonary Case.

Ed. Med. and Surg. Reporter:—

Allow me to give the history of a very interesting case.

J. P. A., aged thirty-four years, received an injury in the region of the spine while traveling over the Baltimore and Ohio Railroad, in March, 1853. Came home and suffered for some time, hoping to recover without medical aid, he being a stout, robust young man. He finally called a physician, who pronounced it abscess of the lung, and treated him for that. After a time he recovered sufficiently to attend to business, but was unable to do manual labor. From this time on he spat up large quantities of sputa.

In November, 1862, he went to the woods, gunning, and by accident fell, striking his back on the log he was standing on; this disabled him so that he was scarcely able to get home. He was then treated for pleuro-pneumonia, rallied, and was again able to attend to business. Being a man of considerable talent, he was elected to a county office, which he filled acceptably; he was afterward elected Justice of the Peace, which office he held until his death. About three years before his death he coughed up several spiculæ of bone. All this time he had been discharging large quantities of sputa—as much as a quart—morning and evening, beside what was expectorated during the day and night. He died November 4th, 1880.

A post-mortem, held on the 5th, by Drs. Trimble, Holtz, and myself, showed the left lung with lower half tuberculous and solidified; upper portion almost normal; heart slightly atrophied. Right lung adhered to the ribs its entire border. On removing it, found the cells entirely destroyed, and full of tuberculous matter. On examination of the cavity, found necrosis of the vertebra for about six inches, and extending along the ribs for perhaps four inches. There was a large quantity of bone spiculæ, large and small, lying loose in this cavity, and a large number adhered to the lung.

The query to me now is, why did not any of the attending physicians diagnose disease of the spine during life, and why did they all agree that the disease was on the left side instead of the right? Was it because he always lay on the right side when he discharged such large quantities of sputa?

E. K. Strawn, M.D.

Hendrysburg, Ohio.

Case of Imperforate Anus.

Ed. Med. and Surg. Reporter:—

In March, 1879, Mrs. W. was delivered of her fourth child, a boy, strong and healthy, weighing nine pounds. On the second day after birth the nurse informed me the child had had no passage from the bowels, and seemed uneasy from that cause. Made an examination, and found the child entirely destitute of any anal orifice, there being no mark or sign to show where it should be. The child passed his urine freely,

and with it meconium in considerable quantities, showing that the intestine ended in the bladder, or urethra. An incision was carefully made in the median line, passing through the tissues for half an inch, the finger was then pushed up cautiously, but no intestine could be felt. The third day passed with no change; the fourth morning the abdomen was very much enlarged, fecal matter in quantities was passed through the penis, and the patient was evidently in great distress. A sharp pointed bistoury was guarded, except at the point, the forefinger of the left hand inserted into the cut as far as possible, and the bistoury carried up on its surface beyond the end, and a cutting motion made. Some fluid was felt on the finger, which, on removal, appeared to be matter. An oiled rag was introduced into the outside opening. In a few hours the plug was taken away, and was followed by a copious evacuation. The child was relieved, and continued to thrive. The artificial opening was kept distended by the introduction of the finger occasionally, the edges healed kindly, and turned in with appropriate puckers, as a rational anus should, and the sphincter continues to act in a normal manner. The boy is now a year and a half old, in good health. He has had several attacks of diarrhœa during the summer, and whenever he had much tenesmus or straining fecal matter passed through the urethra. The connection does not seem to be in the bladder, as no urine ever escapes into the rectum, but appears, from some late examination, to be below the neck or in the region of the prostate, and to be valvular.

The question of interest arises, where the membrane came from to form the rectum, which seemed to be entirely wanting. The cellular tissue must have taken up a new action, and one have been formed of it, as all the attributes of anus and rectum are now present.

Clinton, Iowa. P. J. FARNSWORTH, M.D.

How Long Does Gonorrhœal Virus Retain its Potency on Dry and Inanimate Surfaces?

ED. MED. AND SURG. REPORTER:—

On the 17th of July last a young man, by occupation a blacksmith, came to see me, with a reddened meatus urinarius and a slight discharge therefrom. He gave the following history, which I believe to be strictly true. He became acquainted with a young lady visiting in this village, and was "invited to call." The invitation was accepted July 13, and also another invitation of a *different character* the same evening. This was the first and the *last* time that he had ever had sexual intercourse. At first he improved under treatment, but every few days he would be worse. This condition of affairs continued until August 1st, when he went to Saratoga Springs. At the end of the first week he wrote me that he was *well*. He returned at the close of another week and resumed his vocation, but no sooner was he at work than trouble began again. He remained at work and continued treatment until I was nearly at my wits' end to know what next to do, when the discharge ceased. This was about two weeks ago. This delightful period (to him as well as myself) lasted five days, when he had all the symptoms of a recent infection. I prescribed as I would for a recent case, and at the end of three days the horizon was clear again. This evening he came in, which is three or four days since the discharge ceased; said he had found out the trouble, and felt positive the end had come. When first taken he got some of the discharge on his pants, and now, when he comes to think of it, remembers that whenever he wore those pants, and was well enough to do without the wrappings, he would get worse again.

If this be the case, and I doubt not it is, then why are our text-books so reticent concerning the danger of infection from this source, water-closets, etc.? E. T. RULISON, M.D.

Amsterdam, N. Y., Nov. 8th, 1880.

NEWS AND MISCELLANY.

The Marine Hospital Service.

The annual report for 1880, of this valuable branch of the public service, contains a number of interesting statistics relating to the medical care of the merchant marine of our country. It shows that while the number of patients in 1869 was only 11,356, which were treated at a cost of $406,089, the 24,860 sick seamen taken care of by the service last year required an expenditure of only $402,185. The relation of the total cost to the number of patients is shown by the average per capita cost, which has been reduced, by degrees, from $38.41, in 1870, to $16.18, in 1880. These gratifying results are attributed chiefly to the fact that the appointment and promotion of medical officers of the service, upon whose professional skill, fitness and faithfulness its character and conduct, of course, largely depend, have been removed from the influence of politics. As the current fund, from which the expenses of the service are defrayed, is the property of the seamen, and simply managed *in trust* by the government, this is as it should be.

The establishment of additional hospitals at several of the largest ports is recommended by the Surgeon General, and, as in the past it has shown that the best results in all respects are obtained at those relief stations where the service controls its own hospitals, it is to be hoped that the recommendation will be heeded, especially as the administration of the affairs of the service has been so satisfactory.

Septics and Antiseptics.

The following incident was related by Dr. W. H. Hingston, Professor of Surgery in the Montreal Medical College, in a recent address:—

A strong impression as to the little value of the antiseptic in recent wounds was made on my mind on the occasion of my last visit to Europe. Syme and Simpson, Edinburgh's greatest teachers, were living at the time. The latter invited me to be present when he removed a breast. Before the operation was begun, he said to me: "Come every day, and see how this case gets on

—I promise you there will not be one drop of pus!" I am free to admit I thought the promise a bold one. I visited the case till union was complete; and, as had been promised. "not one drop of pus" was formed. At about the same time I saw Mr. Syme perform on the foot the operation which bears his name. It is needless to say it was well done, and with antiseptic precautions. But before the integument was sutured, it was perforated at the most dependent part, and a piece of lint, soaked in carbolic acid and linseed oil, was put through it. I ventured to ask Mr. Syme what that was for. "To permit the escape of pus," was the reply. "Then you expect pus, Mr. Syme?" "Certainly," was the answer. This promise also was fulfilled, and pus did form. Their two modes of operating impressed me strongly, but not in the same manner. Simpson's method, as on the occasion referred to, has influenced my practice ever since.

Growing Importance of Veterinary Medicine.

As we predicted last year, the very great importance of veterinary medicine to the health and prosperity of the community is being rapidly recognized. We note that on November 17th, at a meeting of the stock raisers and men interested in stock and in the commercial interests of the West, who represented and spoke for a trade which amounts to hundreds of millions of dollars annually, the following resolutions were adopted:—

Resolved, That it is an imperative duty of Congress to enact such a law as shall effectually prevent the spread of this disease into States not already infected, and which shall result in its entire extermination at the earliest practicable date.

Resolved, That as the important preliminary step, we heartily second the recommendation made by Judge Jones, of Ohio, to the President of the United States, for the appointment of one or more veterinary inspectors, who shall definitely ascertain and designate the infected regions.

Not only is this a matter in the first rank of importance for its economical bearings, but also as it affects the health of our population. Energetic measures must be taken to prevent the spread of diseases of animals used for food, and that soon.

Difference in the Estimate of Longevity.

A writer in the last number of *The American*, speaking of longevity, observes that there is one point which is too frequently overlooked by writers on historical cases of longevity—the singular difference between our estimation of an old man and that of our forefathers. "Old John of Gaunt, time-honored Lancaster," died at fifty-nine, so did James I; Henry VII only reached fifty-three. The Huguenot Admiral, Coligny, whose "hoary hair, all dabbled o'er with blood," is mentioned by Macaulay, and whom his earlier biographer, Lord Huntington, represents as a very old man. was slain at fifty-three, when, in these days of Moltkes, Gortschakoffs, Gladstones, Beaconsfields, Dufaures, Broughams, and Lyndhursts, a man is supposed to be rather on the juvenile side. In point of fact, for our ancestors, a man of fifty was old; with us, the limit is nearer eighty. It is legitimately to be inferred from this fact—in the first place—that the average duration of human life was shorter in past time than it is nowadays; in the second, that the chances of error in accounts of alleged centenarians were infinitely greater—that if a man of eighty or eighty-five called himself one hundred or one hundred-and-ten, his story would be exceedingly apt to be believed.

Burning of the Minnesota Insane Asylum.

On a freezing night last week the magnificent building of the Minnesota Insane Asylum caught fire from its gasoline works, and a large portion of it burned to the ground. Of the patients it is found that thirty are missing. Of these only six are known to be dead and their bodies have been recovered. Among others reported to be dead are Dr. S. S. Pruden, of Lake City; but there is nothing certain about his fate. The missing victims not killed are supposed to be wandering about the country. The number of dead may be increased by freezing. All records of patients in the male department were destroyed, necessitating the personal identification of over five hundred patients.

Items.

The Philadelphia Dispensary for Skin Diseases has removed from 216 South Eleventh street to 1021 Lombard street.

QUERIES AND REPLIES.

Dr. F. writes: Will you please publish in your Queries and Replies what you regard as the best formula for a combination of strychnia, phosphorus, and iron. This may seem a simple question, but I think it would be of value to many physicians, judging from some prescriptions I have seen. I mean a prescription that will include the ordinary doses of each article and make the combination as palatable as possible.

Ans.—It were easy to suggest several such combinations, but we prefer asking our readers to send us a few formulæ which their experience has approved.

Dr. J. L. G., of Ark. Please write us for what the instrument referred to is used? Do you mean Doisneau's apparatus?

Dr. S. L. P., of O. External biliary fistulæ are extremely rare. Legg, in his late work on the bile, reports only one case in which pure human bile has been examined by this means. Dr. G. W. H. Kemper gives some instances in the *Trans. of the Indiana State Med. Soc.*, 1879.

MARRIAGE.

BARTLETT—MOORE.—On Wednesday, Nov. 17th, 1880, at Grace Church, Brooklyn, N. Y., by the Rev. James W. Bradin, Rector of St. Paul's Church, Flatbush, Homer L. Bartlett, M.D., of Flatbush, Long Island, and Sarah Forde Moore, of Belfast, Ireland.

DEATH.

GALLOWAY.—At Lindale, Clermont County, O., of phthisis, Maria S. Coombs, wife of Dr. J. S. Galloway, aged 47 years.